

## Depression, Anxiety, and Stress among Indian LGBTQ+ Adults and Cishet Adults

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This research explores the levels of depression, anxiety and stress in the individuals who identify themselves as part of the Indian LGBTQ+ community (also called 'Queer'), as compared to those who identify themselves as part of the cisgender-heterosexual (cis-het) community (also referred commonly to as 'straight'). 101 Indian Queer adults and 101 Indian Cis-het adults were surveyed using DASS-21. Data were analyzed to arrive at descriptive and inferential statistics. Inferential statistics involved correlation studies and t-tests. Indian LGBTQ+ adults showed greater scores for depression, anxiety and stress than their cishet counterparts. It was found that Queer Indians face worse mental health outcomes and hence, there's an urgent need to address this in clinical practice, as well as in policy-making and implementation.

**Keywords:** Depression, Anxiety, Stress, LGBTQ+, Queer, Cisgender-heterosexual, Indian

There are 260 million LGBTQ+ or Queer (terms to be used interchangeably) persons in India, which is 19% of the country's population (IPSOS, 2021). From the Delhi High Court declaring Section 377 of the IPC as unconstitutional in 2009 to the Supreme Court of India overturning that in 2013 to finally the Supreme Court again declaring Section 377 unconstitutional in 2018, getting legal status has been a long battle for the Indian LGBTQ+ or Queer community. A petition for marriage equality filed in 2023 was rejected in 2024, and so the Indian LGBTQ+ community continues to struggle for legal rights or personal respect at par with their cisgender-heterosexual (cis-het) counterparts. There is also a dearth of research on the psychological issues thus faced by this community. The present study takes up the scientific exploration of depression, anxiety, and stress among Indian LGBTQ+ adults.

Depression is a type of mood disturbance in which a person is in an extremely low mood (feeling sad, hopeless, empty, being tearful)

or loses interest in activities they earlier found pleasurable (or both) (Butcher, Mineka, & Hooley, *Abnormal Psychology*, 2017). In a study conducted by Sharma and Subramanyam in 2020, it was found that internalized homophobia among men who identified themselves as non-heterosexual was positively associated with loneliness and depressive symptoms (Sharma & Subramanyam, 2020). Zeidner and Matthews describe anxiety as a basic negative emotion (Zeidner & Matthews, 2010). Anxiety involves a general feeling of apprehension about possible future danger, as opposed to fear, which is an alarm reaction that occurs in response to immediate danger (Butcher, Mineka, & Hooley, *Abnormal Psychology*, 2017). King and others, in their meta-analysis of literature published from 1966 to 2005 found that the risk for depression and anxiety disorders was 1.5 times as likely in lesbian, gay and bisexual individuals (King, et al., 2008). Stress is the psychological condition that emerges when challenges to our physical or emotional wellbeing surpass our

coping mechanisms and capacities (Butcher, Mineka, & Hooley, *Abnormal psychology*, 2017). Stress results in changes in almost all bodily systems (Association, American Psychological Association, 2023). Fulginiti and others noted that minority stress was associated with depressive and PTSD symptoms, which were linked with suicidal ideation and attempt, through hopelessness, among LGBTQ youth (Fulginiti, et al., 2021). With this background, this research explores the comparative levels of depression, anxiety, and stress experienced by Indian Queer adults and Indian cisgender adults.

### **Objectives**

This research aimed to explore the levels of depression, anxiety and stress in the individuals who identify themselves as adults belonging to the Indian LGBTQ+ community, as compared to those who identify themselves as part of the cisgender-heterosexual (cis-het) community.

### **Method**

#### **Sample**

The sample consisted of 101 Indian Queer Adults and 101 Indian Cisgender Adults. Purposive sampling was used for Queer Indians and random sampling was employed for the Cisgender sample. The inclusion criteria were as follows:

- i. Individuals who are between the ages of 18 and 35 years, and
- ii. Individuals who were born in India and are currently residing in India; or Individuals who were born in India and are currently residing abroad.

#### **Tools**

A survey was floated online through Google Forms. The survey consisted of scales measuring the following, apart from participant demographics and Queer identity markers.

### **Depression, Anxiety, Stress**

Scores on Depression, Anxiety, Stress, were gathered through the Depression, Anxiety and Stress Scale - 21 (DASS-21). Each of the three DASS-21 scales contains 7 items, divided into subscales. It is a four-point Likert type scale, with values ranging from 0 (did not apply to me at all) to 3 (applied to me very much or most of the time).

### **Results**

#### **Queer Sample**

The Queer respondents were young adults, between the ages 18 and 35 years, with mean age of the respondents being 27 years. 80% of the respondents were highly educated, having attained a Master's degree. Around 80% respondents also belonged to middle-class households. As expected, most of the respondents were unmarried. Only 4 respondents were married, and identified as bisexual or pansexual. About half the respondents identified as women, about 30% identify as men and 15% wished to not assign binary labels to their gender. About 20%, 30% and 30% respondents identified as Gay, Lesbian and Bisexual respectively, the remaining about 20% identifying across various romantic and sexual orientations like polyamorous/pansexual, asexual and questioning. 39% of the respondents had been outed without their consent, and 30% respondents were outed accidentally.

60% of the Queer respondents were facing moderate, severe or extremely severe depression ( $M=17.4$ ,  $SD=12.7$ ,  $n=101$ ). 71% respondents were experiencing moderate, severe or extremely severe anxiety ( $M=15.3$ ,  $SD=9.74$ ,  $n=101$ ). 51% respondents were facing moderate, severe or extremely severe stress ( $M=18.2$ ,  $SD=9.89$ ,  $n=101$ ) (Table 1). The data indicated a significant positive correlation of stress level with education level ( $r = 0.276$ ,  $p < .01$ ) (Table 2). It was seen that

a larger number of respondents who have attained a higher level of education, namely Masters, show moderate, severe and extremely severe level of stress.

### Cishet Sample

Cisgender-Heterosexual respondents were young adults aged 18 to 35 years, with mean age of the respondents being 28 years. 65% of the respondents were highly educated, having attained their Master's degree, and 93% respondents were from middle-class background. 45% of the respondents were married. Nearly equal distribution of responses was attained from men and women at 57% and 43% respectively. 37% respondents reported having moderate, severe or extremely severe depression (M=13.6, SD=9.2, n=101). 53% respondents seem to have moderate, severe and extremely severe anxiety (M=12.1, SD=9.52, n=101); and 38% respondents seem to be experiencing moderate, severe and extremely severe stress (M=16.9, SD=8.7, n=101) (Table 1).

### Comparative Results

It was also found that depression, anxiety and stress were higher among Queer Indian adults as compared to Cishet Indian adults (Table 1). However, only anxiety among the Queer sample was statistically significantly higher than among the Cishet sample (M1 = 15.3, M2 = 12.1, Student's t = 2.368, p<.05) (Table 3). Figure 3 depicts these differences.

Table 1: Queer and Cishet Adults' Depression, Anxiety, Stress Descriptive & Normality

	Identity	Depression	Anxiety	Stress
N	Queer	101	101	101
	Cishet	101	101	101
Mean	Queer	17.4	15.3	18.2
	Cishet	13.6	12.1	16.9
Median	Queer	14.0	14.0	20.0

Standard deviation	Cishet	12.0	10.0	16.0
	Queer	12.7	9.74	9.89
Minimum	Cishet	9.20	9.52	8.70
	Queer	0.00	0.00	0.00
Maximum	Cishet	0.00	0.00	0.00
	Queer	42.0	38.0	42.0
Shapiro-Wilk W	Cishet	42.0	40.0	40.0
	Queer	0.932	0.959	0.977
Shapiro-Wilk p	Cishet	0.945	0.914	0.980
	Queer	< .001	0.003	0.076
	Cishet	< .001	< .001	0.137

Table 2. Queer Adults' Stress and Education Level Correlation

	Stress	Education Level
Stress	—	
Education Level	0.276	**

Note. \* p < .05, \*\* p < .01, \*\*\* p < .001

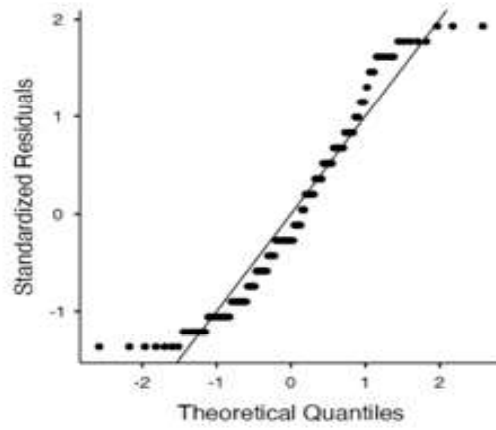
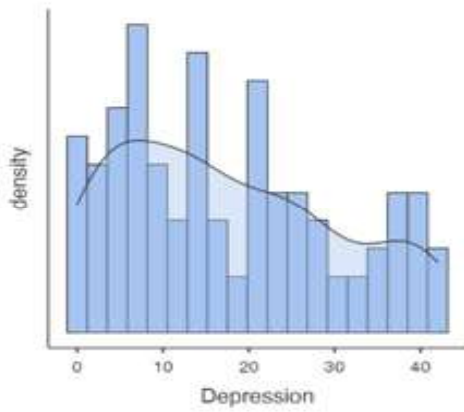
Table 3. Independent Samples T-Test Depression, Anxiety, Stress – Queer & Cishet Adults

	Statistic	df	P	
Depression	Student's t	2.472 <sup>a</sup>	200	0.014
	Mann-Whitney U	4356	0.073	
Anxiety	Student's t	2.368	200	0.019
	Mann-Whitney U	4075	0.013	
Stress	Student's t	0.982	200	0.327
	Mann-Whitney U	4714	0.351	

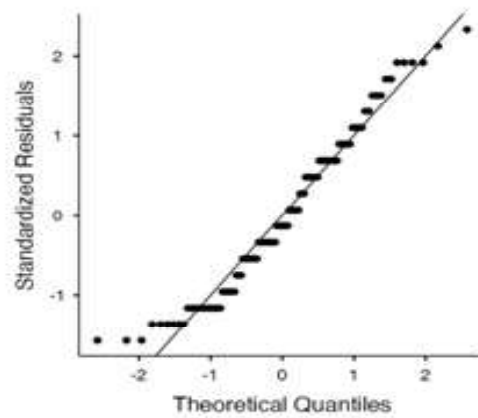
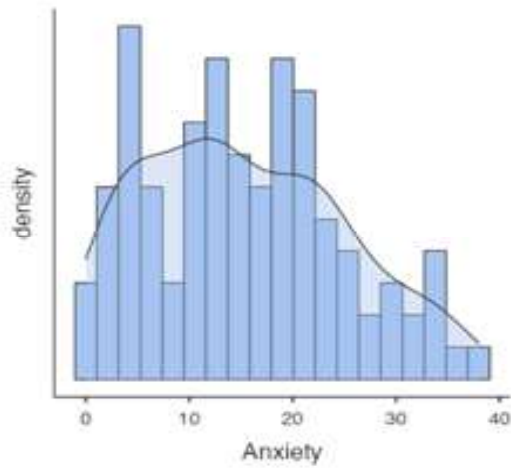
Note. H<sub>a</sub>  $\mu_{\text{Queer}} \neq \mu_{\text{Cishet}}$

<sup>a</sup> Levene's test is significant (p < .05), suggesting a violation of the assumption of equal variances

Queer Sample Depression Distribution



Queer Sample Anxiety Distribution



Queer Sample Stress Distribution

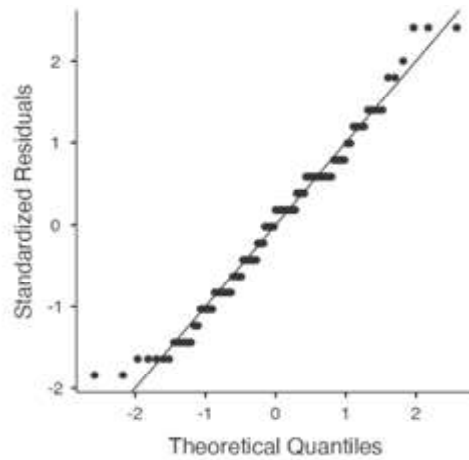
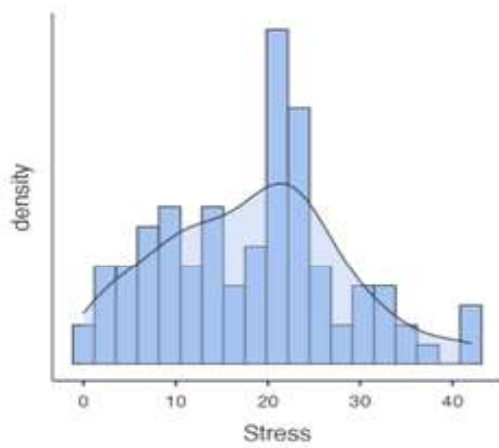
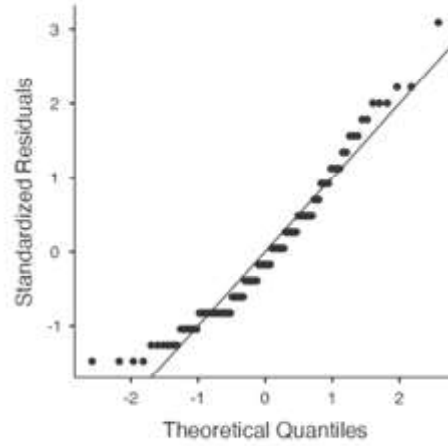
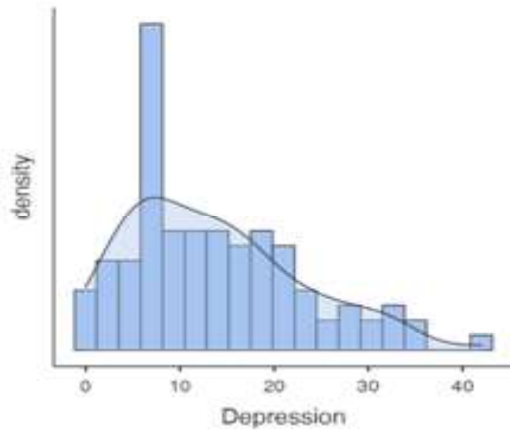
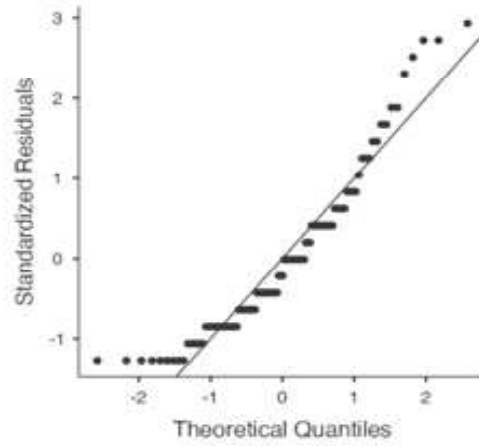
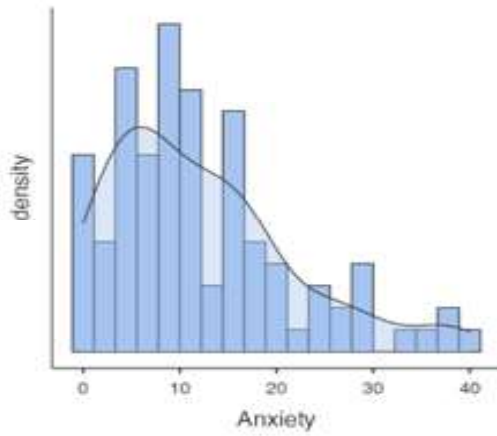


Figure 1: Queer Sample Response Distribution Plots

Cishet Sample Depression Distribution



Cishet Sample Anxiety Distribution



Cishet Sample Stress Distribution

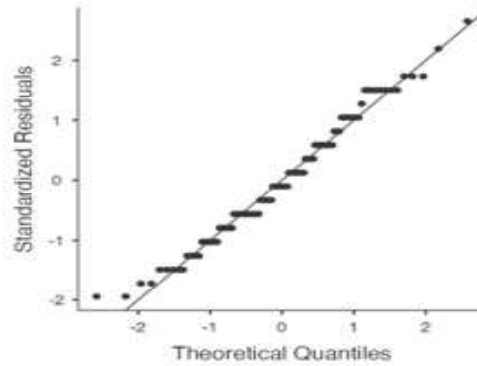
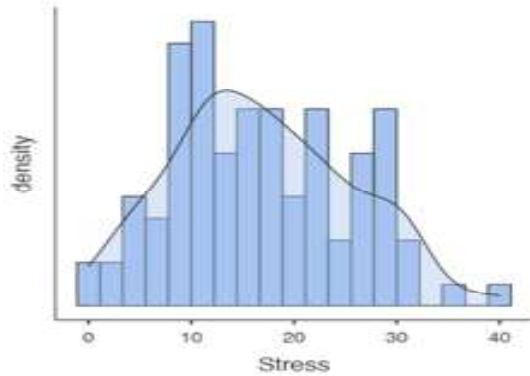


Figure 2: Cishet Sample Response Distribution Plots

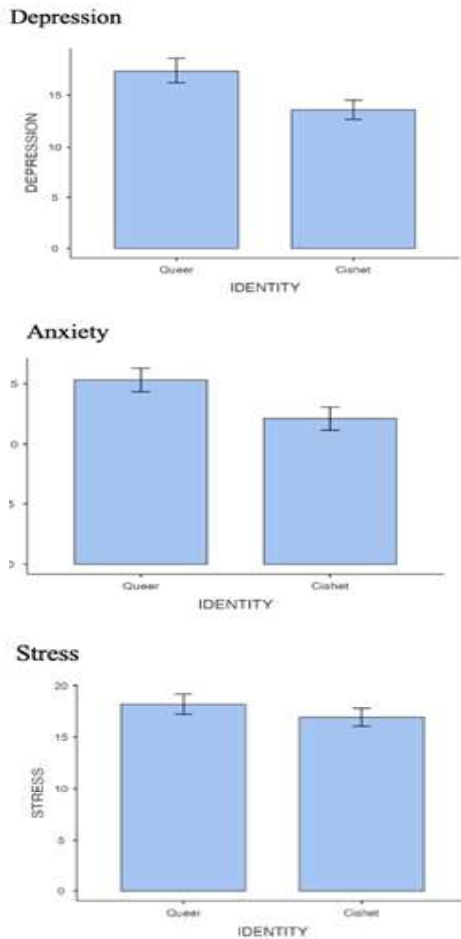


Figure 3: Comparative Scores of Queer and Cishet Sample – Depression, Anxiety, Stress

### Discussion

The data indicated that 60% of the Queer respondents were facing moderate, severe or extremely severe depression ( $M=17.4$ ,  $SD=12.7$ ,  $n=101$ ). This finding is very similar to the finding of Soohinda and others of depression being present in 58.84% of the men who have sex with men (MSM) surveyed (Soohinda, Jaggi, Sampath, & Dutta, Depression and its correlates in men who have sex with men (MSM) in India, 2018). In contrast to these findings, 37% of the Cishet respondents seemed to be experiencing moderate, severe or extremely severe depression ( $M=13.6$ ,  $SD=9.2$ ,  $n=101$ ).

71% of the Queer respondents were experiencing moderate, severe or extremely severe anxiety ( $M=15.3$ ,  $SD=9.74$ ,  $n=101$ ). Joseph and Chacko, studying Queer Indian individuals, reported a significant positive correlation between daily discrimination and anxiety among bisexual, homosexual and transgender people, and that daily discrimination significantly predicted anxiety among all three groups (Joseph & Chacko, 2020). A study by Parker and others found that those Queer individuals with the highest levels of bias-related victimization had 2.79 times the risk of symptoms of generalized anxiety disorder as compared to those with no bias-related victimization (Parker, Duran, & Walters, 2017). Investigating the Cishet sample, it was found that 53% respondents may be exhibiting moderate, severe and extremely severe anxiety symptoms ( $M=12.1$ ,  $SD=9.52$ ,  $n=101$ ).

51% Queer respondents were facing moderate, severe or extremely severe stress ( $M=18.2$ ,  $SD=9.89$ ,  $n=101$ ). Close to this figure, 38% Cishet respondents seemed to be experiencing moderate, severe and extremely severe stress ( $M=16.9$ ,  $SD=8.7$ ,  $n=101$ ). Green and others noted from their research LGBTQ youth in the US that those who reported four types of minority stress had nearly 12 times greater odds of attempting suicide compared to those who reported none (Green, Price, & Dorison, Cumulative minority stress and suicide risk among LGBTQ youth, 2022). Additionally, for Queer respondents, stress was significantly positively correlated with education level ( $r=0.276$ ,  $p<.01$ ), meaning that greater stress was seen among respondents who have attained Master's level education than their counterparts who have attained a level of education which is Bachelor's or lower. It may be because of the added stress of higher-level responsibilities at the workplace that come with a higher education, in addition to the minority stress being experienced. This may warrant further exploration.

The findings of this study indicate the need for identifying depression, anxiety, and stress-related symptoms among Indian LGBTQ+ adults, starting from school, college and in work environments as critical for prevention and management. The findings suggested presence of greater stress levels amongst LGBTQ+ Indian young adults who have attained higher education levels. This finding may be explored in future research with more inclusive criteria. Based on the findings, it is well suggested to ensure that there's little or no disruption to the lives, learning process and productivity of Queer Indians. The sensitization of practitioners in the field of mental health and their adequate training to work with Queer individuals can bring a significant transformation. School staff and social workers can also work with the parents of LGBTQ+ individuals, as they are the main source of information and social support for young individuals in their formative years. Given the burden of depression and anxiety among this young workforce, the mental health policies (2014) require major updating to address the unique challenges and needs of this group. Additionally, it rests with all of us to treat each other with respect and care while thriving in the diversity.

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